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The Effects of Self-Awareness Training Within the Context of a Social Skills Program on the Level of Empathy in Early Adolescence

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THE EFFECTS OF SELF-AWARENESS TRAINING
WITHIN THE CONTEXT OF A SOCIAL SKILLS PROGRAM
ON THE LEVEL OF EMPATHY IN EARLY ADOLESCENCE

by

Kathleen A. Kapp-Simon

A Dissertation Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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VITA

Kathleen Ann Kapp-Simon was born February 9, 1948, in Milwaukee, Wisconsin, to Andrew and Eleanor Kapp. She is married to Dennis Simon.

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The following is a list of publications:

- Kapp, K. A child with a difference. Chicago: University of Illinois Medical Center, 1978. (Videotape)
- Kapp, K. Self concept of the cleft lip and/or palate child. Cleft Palate Journal, 1979, 16, 171-176.

- Kapp, K. Psychological adaptation of patients with craniofacial malformations. In W. Lucker, K. Ribbens, & J. A. McNamara, Jr. (Eds.), Psychological aspects of facial form (Monograph No. 11, Craniofacial Growth Series). Ann Arbor: The University of Michigan, Center for Human Growth and Development, 1980.
- Hanus, S., Bernstein, N., & Kapp, K. Immigrants into society: Children with craniofacial anomalies. Clinical Pediatrics, in press.
- Bernstein, N., & Kapp, K. Body image and social coping in cleft palate. Psychosomatics, in press.

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CHAPTER I

INTRODUCTION

Recent trends in psychology have indicated an increasing concern for prevention and education programs at all age levels. Psychological education and interpersonal skills training programs at the child and adult levels have been developed to promote positive coping skills for healthy and effective living.

The adult systematic skills training movement has spawned a host of programs for training human service professionals, parents, and other groups of the non-clinical population (Carkhuff, 1969; Egan, 1975; Gordon, 1970; Kagan, Krathwohl, Goldberg, Campbell, Schauble, Greenberg, Danish, Resnikoff, Bowes, & Bondy, 1967). Based on the assumption that interpersonal abilities are clusters of learned behaviors, they have defined, operationalized, and systematically taught such human relations skills as empathy, self-disclosure, assertion, and problem solving. While designing programs that may be said to have a base in social learning theory, some of the earliest authors such as Carkhuff and Gordon were particularly influenced by Roger's (1967) research on empathy. Many describe accurate empathy or active listening as the

foundation of healthy relationships and the essential interpersonal skill.

This same interest in prevention and education is reflected in new school curriculums developed for children and adolescents (Ball, 1977; Bessel & Palomares, 1973; Dinkmeyer, 1970; Mosher & Sprinthall, 1970; Kapp & Simon, Note, 1). Developmental guidance programs have emerged to promote social and emotional development in addition to the traditional academic focus on intellectual and physical needs. These programs are based on the assumption that there is a reciprocal relationship between the cognitive and affective elements of the learning process; and, thus, schools should become involved in the total growing process. Common specific goals of these psychological education curriculums are the development of self-awareness, the enhancement of self-esteem, and group participation and friendship skills. Similar to their adult counterparts, teaching generally takes place through structured group experiences.

While many of these child and adolescent programs strive to promote understanding of others, empathy or active listening as a communication skill is generally not emphasized nor as clearly defined and operationalized as in adult models. At the elementary school level, this is partly due to the belief that a child is not fully

capable of empathy until the early stage of adolescence, 11 to 15 years old (Flavell, 1977). There are fewer psychological education programs developed for the early adolescent, and those that are, do not generally emphasize teaching empathy (Ball, 1977). The focus of program evaluation studies for the school based curriculums has centered on growth in self-concept. Despite mixed research results (Eldridge, Barcikowski, & Witmer, 1973; Harris, 1976; Hess, Peer, & Porter, 1978; Jackson, 1973), this interest has been sustained because of the amount of research linking positive self-concept with higher levels of school achievement.

Kapp and Simon (Note 1) developed a pilot school program for young adolescents that attempted to teach rudimentary empathic behaviors and other social skills analogous to adult training models. An initial research project found small significant advances in empathy but no increase in self-concept for program participants compared to a control group (Schevers, 1979). These results were complicated by a strong leader effect. This research lead to a revision of the program so that it stressed the teaching of self-awareness as a preliminary step to teaching empathy (Kapp & Simon, Note 2). This study will evaluate the revised program, specifically measuring advances in empathy when it is coupled with

training in self-awareness. It will further investigate whether the addition of extended self-awareness training has a positive effect on self-concept.

Developmental literature supports the timing of the introduction of a curriculum to teach empathy at the junior high school level. Piaget and Inhelder (1969) describe the child in transition from pre-adolescence to adolescence as maturing into the cognitive capacities of formal operations. He or she becomes capable of hypothesizing and carrying out abstract mental operations. This new ability enables the young adolescent to more clearly differentiate him or herself from others and understand the cognitive and affective perspectives of another person with new clarity and sophistication. The expanding cognitive abilities enhance the exploration of personal identity that is developing from the turmoil and excitement of the onset of puberty and its accompanying threats to a personal sense of self-consistency (Erikson, 1959). As the perception of self as distinct from parents and friends grows, the youth tries out a multitude of roles and patterns of behavior. These trials are performed with keen attention to the reactions they receive from others. As peers begin to replace parents as the primary support group, friendships grow more intense and more time is spent "working" on

relationships. New cognitive capacities enable the young adolescent to be empathic. The pressures of individuation and new social demands require the development of empathic communication ability (Gazda, 1971).

As this brief outline demonstrates, the child involved in this transitional stage has both the capacity and need for learning communication skills employing mature empathic responses (Flavell, 199; Schevers, Note 3). However, empathy as a global construct and specifically as a communication skill has been difficult to measure. Child development literature focused on cognitive maturation has produced several instruments, many specific to particular studies. The adult helping skills literature has focused on the communication aspect of empathy as it affects interpersonal interactions. Schevers (Note 3) drawing from both areas of research devised a measure for evaluating the level of empathic behavior in junior high school students. He used a taped analogue situation and recorded student responses in which they simulated "being helpful" to the student whose voice they heard on the tape. The student responses were then scored by trained raters on the basis of a 16 point scale. The scale proved useful in the studies of the effects of interpersonal skills training of junior high school students and in investigation of the relationship between

empathic behavior and various cultural and personality factors (Schevers, 1979, Note 3). With slight adaptations, Kapp-Simon (Note 4) collected sufficient reliability and validity data for this scale.

To place this research in context, the literature review will begin by presenting a historical overview of the study of empathy. The two principle areas of literature which bear on the goals of the present research are the cognitive development literature with children and the adult helping skills literature. The historical overview will be followed by a review of attempts in both bodies of literature to define the construct of empathy. A critical analysis of these efforts will conclude with an integrated conceptualization of empathy drawing from both areas and providing a sufficient basis for an empirical measurement instrument for early adolescence. Using this new integrated conceptualization as a starting point, principle attempts by both children's and adult helping literature to measure empathy will be reviewed. This will provide the groundwork for understanding the analogue instrument to be used in this investigation.

While the adult systematic skills training literature is replete with outcome studies for teaching empathy, little has been done with the early adolescent

population. To provide a broader understanding of empathy outcome studies, those focusing on students from fifth grade through high school will be reviewed in some detail.

Finally, a framework for understanding the personality correlates of empathy in the young adolescent will be presented. This framework will provide a basis for hypotheses about personality dimensions of adolescents who either do particularly well or particularly poorly in learning the self-awareness/empathy skills taught in the Social Skills curriculum.

In order to work with a larger and more representative sample, this study was conducted in collaboration with another investigation into other aspects of the Social Skills Training program (Simon, Note 8).

In summary, the present study will examine the effects of self-awareness training within the context of a social skills training program on the level of empathy used by early adolescents. Additionally, the personality correlates of empathy will be explored and the self-concept of the students will be measured.

CHAPTER II

HISTORICAL OVERVIEW OF EMPATHY

The concept of empathy has its roots in the early social intelligence and person perception literature (Hastorf, Schneider, & Polefka, 1970; Thorndike, 1920; Vernon, 1933; Walker & Foley, 1973). Thorndike formulated one of the earliest definitions of social intelligence as distinct from abstract and mechanical human intelligence. According to Thorndike (1920) social intelligence is "...the ability to understand and manage men and women, boys and girls -- to act wisely in human relations" (p. 228). Walker and Foley (1973) suggest that Thorndike's definition can be interpreted as providing a two-fold focus: "... (a) a cognitive appreciation of others without necessary action on the part of the perceiver and (b) action-oriented coping with the other" (p. 842). This dual emphasis can be viewed as the conceptual foundation of the discrimination/communication definition of empathy utilized in the current research project.

The field of social intelligence and person perception is broad and as noted by Schevers (Note 3) only tangentially connected with empathy as a discrimination/

communication skill. Excellent literature reviews of both social intelligence (Walker & Foley, 1973) and person perception (Hastorf, Schneider, & Polefka, 1970) are available in the literature and the totality of that information will not be repeated here. This review will focus on only those aspects of social intelligence literature pertinent to the development of a behavioral definition of empathy which can be objectively measured.

In recent years the literature on empathy has had two divergent emphases. In social intelligence literature empathy was studied as an important step in cognitive development and has been viewed as central to interpersonal development. Much of this research has been performed with children. In the adult literature, researchers have investigated the impact of empathy on therapeutic clinical work. Growing out of this direction, persons involved in the interpersonal skills training movement discussed empathy as a primary component of all helping behavior. They suggest that empathy is a central skill to be fostered in people in a variety of "helping" roles, from therapists and counselors to medical and educational personnel.

Recent findings in these divergent areas have led to a converging interest in empathy as an essential

element in communication and healthy interpersonal development. Borke (1971), writing about interpersonal perception of young children, suggests that "empathy is increasingly being recognized as the primary process underlying human interactions and communication" (p. 263). The adult human relations skills movement shows a similar trend. Egan (1976) in his book, Interpersonal Living, written expressly for "anyone who wishes to improve his or her interpersonal skills" (p. v), states: "One thesis of this book is that the importance of accurate empathy in communication can hardly be overestimated, for it has significant pragmatic value in all the deeper interactions of life" (p. 109). The theoretical understanding of empathy proposed by this study develops from both the child and helping literature and reflects the convergence highlighted by Borke and Egan.

The focus of this review is fourfold: (1) to develop a behavioral definition of empathy which can be subjected to empirical measurement, (2) to review previous attempts to measure empathy with particular emphasis on methodology and the reliability and validity of instruments utilized, (3) to review program outcome studies of programs designed to teach empathy in pre-adolescent and adolescent years, and (4) to provide a framework for understanding the personality correlates

of empathy in the early adolescent population. To accomplish the first objective the literature on empathy in children and then in adults will be reviewed. Based on this data the parameters of a behavioral definition of empathy understood as a cognitive discrimination and communication skill will be proposed. In a separate chapter efforts at the measurement of empathy in developmental and interpersonal skills literature will be presented. The primary emphasis will center on methodology, reliability, and validity. This will be followed by a summary of evaluation studies for programs teaching empathy at and around the adolescent transition period. It will conclude with an overview of attempts to ascertain personality correlates of empathy and a proposed framework for further investigation.

Empathy in Children

With the exception of the work of Schevers (1979, Note 3) most investigations of empathy in children have focused on the discrimination component of the discrimination/communication paradigm. Much of the discussion in the child literature on empathy centers on two major areas (1) the definition of empathy and (2) the age at which a child can be expected to display mature empathic behavior. Although multiple definitions of empathy exist,

two major categories emerge as pivotal in the child literature: (1) empathy as a cognitive skill and (2) empathy as an affective identification with the other.

Research in empathy as a cognitive skill is spearheaded by Borke (1971) and has its roots in Piaget's work. Its focus is on the decentering and role-taking abilities of the child and is primarily interested in the individual's ability to understand what another person is feeling.

Research in affective empathy has its roots in the psychoanalytic literature and requires that the individual have the same emotion as the person he is responding to before the response can be labeled empathic.

Much of the research in support of empathy as a cognitive response is based on data obtained using a test called the Interpersonal Perception Test (Borke, 1971). The test consists of 23 stories, each accompanied by a picture. It is designed for children and requires only that a child select a face depicting one of various moods, such as happy, sad, afraid, or angry, in response to the stimuli. According to Borke, "Children as young as 3 showed an awareness of other people's feelings and could identify the specific situations that evoke different types of affective response" (p. 263).

The argument for empathy as an affective response is most strongly represented by the work of Feshbach

(Note 5). She clarifies her definition as follows:

If a child is feeling angry and because of this mood perceives other people as hostile, that would be an example of projection. However, if a child feels angry after witnessing another person's manifestation of anger, I would label that process as empathic. (p. 2)

Feshbach does not discount the need for a cognitive response, she simply maintains that in itself the cognitive response is not a sufficient measure of empathy. Her model of empathy, therefore, has three components: the first is an ability to discriminate and label affective states in others, the second, the ability to take on the perspective and role of another person, and the third, the emotional capacity to feel what another is feeling at a given point in time.

Like Borke, Feshbach developed a test which would be congruent with her definition of empathy, the Affective Situation Test (Feshbach & Roe, 1968). This test uses a three slide sequence depicting 7-year-olds in one of four different affective situations. Following the administration of each slide series with a story line, the child is asked to respond to the question, "How do you feel?". When the child's response matches the affective state depicted in the slides empathy is scored.

Research by Feshbach and others (e.g., Mood,

Johnson, & Shantz, Note 6) suggests that children between 3 and 7 are more likely to accurately discriminate the feelings of another than they are to describe themselves as feeling the same as the depicted other. To explain this Feshbach and Roe (1968) suggest that "empathy as a vicarious affective response may be contingent upon the comprehension of a social event, while social understanding may be independent of an affective response" (p. 133).

The definition of empathy which will emerge as this review continues draws primarily from the cognitive developmental literature. Affective empathy as defined by Feshbach and others in her school was judged not to be applicable to the current study.

In looking at empathy in children it has been found that a similarity of experience is facilitative of empathy. Thus boys are seen as more empathic when responding to boys and girls when responding to girls (Deutsch, 1975; Feshbach & Roe, 1968). Some authors such as Chandler and Greenspan (1972), Flavell (1968), and Rothenberg (1970) maintain that an accuracy in judging others' emotions, when the judge is very familiar with the situation and can identify easily with the persons involved, is really not empathy but is simply self description. However, Borke (1972) in particular insists

that such identification is a stage in empathic awareness. In her rejoinder to Chandler and Greenspan (1972) she states:

The use of projection, identification, and stereotyping in no way negates the conclusion that young children realize other people have thoughts and feelings which are different from their own. It simply indicates that these are the primary mechanisms for understanding the perspective of the other during this stage of development. Empathic awareness at this early stage is clearly very different from the final stage of relativistic empathic development which Piaget describes as the ability of one person to put himself in the place of another and experience the world through the other's eyes. (p. 108)

Borke suggests, then, that a first stage in empathy is an identification with the other's emotional state. This is not the same as Feshbach's "feeling at this moment like the other feels" (Researchers in the affective realm in fact found that children between 3 and 7 did not report having the same feeling as the other as often as they correctly identified those feelings (Feshbach & Roe, 1968; Modd et al., Note 6)) but is a beginning understanding of how the other feels because at some point in the child's history he/she had that experience and knew what it felt like. The fact that similarity of experience in history is part of the process of the development of empathy is supported in part by the findings of Rothenberg (1970), Deutsch (1975), and Feshbach and Roe (1968). Klein (Note 7) also suggests that similarity of race facilitates empathy.

Schevers (Note 3) suggested that the more strongly a subject can identify him or herself with a stereotypic characteristic typical of his or her specific subgroup, the more likely that child is to behave empathically. Rather than viewing this identification process as suggestive of immature development, Schevers posits that this manner of identification is the first step of a healthy adaptation to the crisis of identity in early adolescence. He states:

...if it is assumed that the early part of adolescence is a state of self-definition or identity formation, it might follow that the degree to which an adolescent would associate himself with a sexual, social, or other group of which he is a member, could be taken as a sign of the strength of his self-definition or identity. (p. 55)

He goes on further to suggest that adolescents with greater self-understanding or more positive identifications with similar personality characteristics in others may be the ones who can deal more empathically with others. Thus, rather than viewing identification as a simple "everyone is like me" response, at the transition into adolescence it may be viewed as an essential interfacing of personal self-awareness and the expectations of others. Similar to Borke, this viewpoint would see the process of identification with others as an essential developmental step in becoming a mature empathic person.

The significant new focus that can be drawn from the findings and debates of this portion of the literature are the identification of the developmental steps in the growth of empathy and the corrolary development of scales to measure differing levels of this ability. Data on empathy research from the developmental cognitive perspective lays the groundwork for the theoretical investigation of empathy as a helping characteristic which will next be reviewed. For while it is true that the two bodies of literature sometimes give the appearance of being unaware of each other's existence, the writings of the authors in each field complement each other and when combined provide the framework for a theory of the development of empathy from childhood through adulthood.

Empathy in Adults

As stated earlier, a major emphasis of empathy research in the adult population has been on empathy as a helper characteristic which is a necessary condition for therapeutic change. The initial push to view empathy as a primary component of helping behavior came from the work of Rogers (1951, 1957, 1961, 1975). In his 1957 paper he suggested that two conditions must exist and continue over an extended period of time in a therapeutic

relationship: the therapist needs to experience an empathic understanding of the client's internal frame of reference and he must endeavor to communicate this experience to the client. Rogers, then, here defines the discrimination/communication paradigm which forms the core of the empathy definitions used in the human relations development literature. In this same paper, Rogers own definition of empathy clearly places him within the field of the social cognitive theorists as opposed to the proponents of affective empathy. He states:

To sense the client's private world as if it were your own, but without ever losing the "as if" quality -- this is empathy, and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe.
(p. 99)

A more detailed critique of the efforts to measure empathy will be undertaken later in this review. at this point, however, the discussion will focus on the theoretical development of the empathy construct within the human relations literature.

It has already been pointed out that Rogers' definition of empathy is broader than the definition of empathy employed in the cognitive development literature. For Rogers, empathy is not only an understanding of the other's feelings but also an ability to communicate

that understanding in an acceptable way to the other. These two components are also the foundation of the definition of empathy which emerges as Truax and Carkhuff (1967) begin their work. Their definition is as follows:

Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. (p. 46)

Truax (1967) and Carkhuff (1969) each devised a scale to measure empathy. Truax's scale, the Accurate Empathy Scale, utilized a 9 point scale to evaluate therapist responses to a client, while Carkhuff's scale, the Empathic Understanding Scale, utilized a 5 point scale. Schevers (Note 3) suggests that higher level responses on these scales require greater degrees of nonego-centric thought in the Piagetian sense.

Empathy research expanded at this point to include not only helper behavior, i.e., empathy, but also to examine the effect of the empathic response on the person being empathized with. This is, efforts were directed toward measuring the therapeutic effects of empathy (Truax, 1967; Truax & Carkhuff, 1967).

As empathy became recognized as an essential helper characteristic, interest grew in the development of programs to teach empathic behavior to therapists,

counselors, and eventually to educators, medical personnel, and paraprofessionals. Both Truax's (1967) and Carkhuff's (1969) scales have been used repeatedly to assess methods and outcomes of a variety of training models (Carkhuff, 1969, 1971, 1972; Carkhuff & Berenson, 1977; Truax & Carkhuff, 1967). And more recently, Schevers (Note 3) developed an empathy scale based on the Truax/Carkhuff scales which was utilized to measure empathy in junior high school students before and after participation in a social skills training program (Schevers, 1979).

An Integrated Conceptualization of Empathy

As detailed above, the cognitive, affective, and interpersonal dimensions of empathy have been emphasized to varying degrees in earlier research. This section will attempt to integrate these aspects into a unified construct.

In order to be empathic, it is necessary to possess the cognitive capacity to take the perspective or viewpoint of another. This necessitates having the mental flexibility to step outside oneself and to imagine oneself in the shoes of another, thus sensing how they are thinking and feeling.

To be able to achieve an adequate understanding of the feelings of another, an individual must have

developed a sensitivity to his/her own affective states. Self-awareness of feelings and changing moods appears to be a necessary prerequisite to other awareness. An initial awareness of the world of feelings is generated out of a sensitivity to individual/personal affective responses. This includes an ability to form a gestalt of the feeling states within oneself, their accompanying bodily cues, and the events which seemed to stimulate the occurrence of affect. This self-awareness establishes the ground work for understanding how someone else's feelings and experiences are both similar to and different from one's own. As noted earlier in this review, the affective component of empathy as here defined must be distinguished from Feshbach and Roe's (1968) feeling the same emotion as the other person. Within the definition of empathy as now being formulated, affective self-awareness combines with a cognitive capacity to see the perspective of another thus enabling a person to differentially empathize with another's feelings without simultaneously sharing in those feelings.

Finally, helping skills literature emphasizes the dynamic communications aspect of empathy. To be empathic one must not only be able to see another's point of view and sense his/her feelings, but have the skill to sincerely communicate this understanding to the person.

It is the act of communication which makes empathy take place and which serves as a basis for the healthy development of interpersonal relationships. Further, as a personal understanding of the other is explored, sensitivity to other viewpoints is modified and refined.

Integrating the cognitive, affective, and interpersonal dimensions of empathy, this study defines empathy as the skill of (1) accurately understanding the feelings of another and the experiences that underly and cause those feelings, and (2) verbally communicating that understanding to a person in a way which is sensitive and likely to be received. The first step is one of discrimination and insightfulness. At its highest level it involves processing data from verbal, postural, and situational cues and linking them together into a summary picture of the other's affect and experience. The second step is one of communication. It acknowledges that empathy is an active and dynamic process that reaches fruition in relationship to another person. It is a concrete expression of understanding.

Cognitive development and communication skills theory and research support the capacity of the 12 to 15 year-old to learn and utilize empathy in the manner demanded by this definition (Schevers, Note 3). And defining the concept in the above manner makes it re-

latively easy to operationalize for research purposes. Degrees of empathic behavior can be identified. The accuracy of the understanding, the linking of feeling and experience, and the type and manner of communication are all variables exerting an impact on the level of empathy in a specific interpersonal exchange.

The Active Listening Rating Scale (Appendix A) developed by Schevers (Note 3) rates empathic behavior in a manner congruent with the definition of empathy here proposed. The 4 level, 16 point scale presents a hierarchy of response types ranging from total lack of empathy (Misses both feeling and content) to advanced empathic responses (Focus on other person's feeling and content). The levels of the scale reflect gradations of response from irrelevant, tangential; to advice giving, probing; to a focus on self; and finally, at the highest levels of empathy, to a focus on the other. These gradations are in accordance with the developmental stages of empathy as identified in this review. The Active Listening Rating Scale will, therefore, be used to assess the empathic abilities of the students participating in this study.

CHAPTER III

THE MEASUREMENT OF EMPATHY

This review of the measurement of empathy will have a three-fold focus. Although a definition of empathy as it is used in this study has been formulated in the previous chapter, it is now necessary to critique attempts to measure empathy under the various definitions found in the literature in order to determine methodology of measurement, and the reliability and validity of the instruments used. Thus the first section of this chapter will review methodology, reliability and validity data as it relates to empathy. The second section of the chapter will focus on program outcome studies in the adult and child literature which had as their primary goal the teaching of empathy. Finally, section three will focus on the personality correlates of empathy in the young adolescent. Articles investigating personality correlates will be reviewed and hypotheses for the present study will be proposed.

Method, Reliability, and Validity

A large number of attempts have been made to measure empathy. Many of them are specific to singular

studies and have not been repeated. Seldom has the important aspect of a study been the development of a reliable and valid measuring instrument. This section will review the principle studies in the developmental and helping literature with a view to critically examining their methodology, and reliability and validity data when available.

Child development literature has used a variety of methods to measure empathy, primarily in an effort to determine its place in development. As noted previously, most instruments have been developed with a particular definition of empathy in mind. There have been large methodological differences which have centered primarily on the number and scope of stimulus cues and the degree to which they take on a life-like quality. The second area of variance has been the mode of response demanded of the subject to demonstrate empathic ability.

The testing instruments in the developmental literature which are near the center of the theoretical debate of whether empathy is primarily a cognitive or an affective function were detailed above (Borke, 1971; Feshbach & Roe, 1968). Neither of these studies reported reliability or validity data.

Rothenberg (1970) attempted to make the stimulus more lifelike by using audio-recorded stories. She used

adult characters in situations not generally experienced by children so that her third to fifth grade student subjects could not merely attribute characteristics to others that are actually just descriptions of themselves. After listening to stories, each subject was asked to describe the feelings and underlying motives of a principle character. A five point scoring system ranging from +2 to -2 depending on accuracy of empathy judgement was used for evaluation. A more complicated system measured motives. Here the highest positive score required accurate inferences into unspoken thoughts or causes for feelings. She reported interrater reliability correlations ranging from .86 to .96.

Rothenberg's research covers a more complex series of variables than Borke's and Feshbach's research. Because she was testing older children she was able to measure more sophisticated levels of empathy. Her stimuli were more realistic and exercised increased control over factors of projection and identification. The more detailed scoring system allowed for some discrimination of levels of empathy and credited partial success in a systematic way. Rothenberg does not, however, include communication as an aspect of empathy. Subjects respond to focused questions in an impersonal way. Empathic insight is measured, not empathic response.

Campbell, Kagan, and Krathwohl (1971) endeavored to measure empathic response, utilizing identification with the feelings of another as the definition of empathy. Going one step further than Rothenberg, they used videotaped excerpts from actual adult counseling sessions as stimuli material. Subjects were asked to try and feel whatever emotions the client felt. They were provided with a multiple choice list of possible client feelings, e.g., "I'm a little confused", "I have trouble expressing myself", and asked to identify the most accurate statement. From a second list they chose what they thought were the clients's feelings toward the counselor, e.g., "You're trying to understand, but I'm not sure you do". The best of several forms they used demonstrated test-retest reliability of .75. Internal consistency using the Kuder-Richardson Formula 20 equalled .74. An attempt to achieve concurrent validity through therapists and peer ratings of affective sensitivity over a series of small studies showed an average correlations of .38, but with a large range of .64 to -.10. Scores were seen to show a small but significant improvement after counselor education training.

As described above, Rogers' study of empathy as a therapist skill spawned considerable research and had an eventual impact on human relations training models.

The most widely used measuring instruments were developed by Truax (1967) and Carkhuff (1969). Truax's Accurate Empathy Scale rates therapist responses to clients on a nine point scale. The scale ranges from Stage 1 where the therapist seems completely unaware of even the most conspicuous of the client's feelings to Stage 9 where the therapist accurately responds to the client's full range of feelings in their exact intensity. Carkhuff streamlined Truax's scale to a five point Empathic Understanding Scale. Truax (1967) reports an interrater reliability coefficient of .63. Truax (1972) cites Shapiro's (1968) study as evidence for concurrent validity. This study found a correlation of .67 between the Accurate Empathy Scale and subjective ratings of therapist performance on a seven point semantic differential scale of understanding-not understanding. Other support for validity is claimed from a host of therapy and training outcome measures (e.g., Carkhuff & Berenson, 1977; Truax & Carkhuff, 1967; Truax & Mitchell, 1971).

There has been some extended debate over the reliability and validity of these two scales. Notably, Chinsky and Rappaport (1970) and Rappaport and Chinsky (1972) have assailed Truax's use of an Ebel interclass correlation to obtain his reliability coefficient. They further criticize the exclusion of client statements from

material provided to raters in Truax's early studies. Their most serious question was whether the Accurate Empathy Scale was really measuring the concept of empathy or some global good therapist quality. These objections arose from conflicting validity data claiming discrimination between effects of empathy, genuineness, and non-possessive warmth in treatment outcome studies (Shapiro, 1968; Truax & Carkhuff, 1967; Truax, Carkhuff & Kodman, 1965; Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash & Stone, 1966).

Efforts to refute the criticisms of Chinsky and Rappaport are also found in the literature. Later studies have been reported which give evidence of acceptable inter-rater reliability for empathy scales of this sort (e.g., Schevers, Note 3). The criticism that the exclusion of client statements from raters invalidated the results was met by Bozarth and Krauft (1972) who found similar results to Truax's even when client statements were included in rater material.

Finally, the debate over whether Truax's scale is measuring some global good therapist quality seems ill-conceived from the beginning. An attempt to achieve discriminant validity for a measure of empathy using constructs as global and difficult to operationalize as non-possessive warmth and genuineness appears futile.

Schevers' (Note 3) Active Listening Scale adapted the Truax and Carkhuff models in developing a four level, sixteen point rating scale for measuring empathy in young adolescents. He presented audio-recorded stimuli of same sexed adolescents to his seventh and eighth grade subjects. They were then asked to verbally respond as if this person were speaking to them. His work combines strains from both the child development and the adult helping literature just reviewed. Lifelike stimuli were used. Empathy was understood as both a process of discrimination and communication and his scoring system and rating scale were able to differentiate sufficient levels of empathy. This is in keeping with an understanding of the growth of empathy through developmental stages.

Schevers' interrater reliability was .85. He did not, however, attempt to establish construct validity although he did attempt to establish personality correlates of empathy.

To this point, the review of attempts to measure empathy has presented a variety of methods of measurement, some reliability data, but little in the way of validity. The dearth of information in the latter area prompted Kapp-Simon (Note 4) to investigate the reliability and validity of an adaptation of Schevers' measure.

Using highly trained raters, she achieved an interjudge reliability coefficient of .97. Of the three forms

of the analogue measure used by Schevers, Form C proved to be the most homogenous. Interitem correlations ranged from .51 to .58 and item-total correlations ranged from .61 to .65. These statistics demonstrate good interrater reliability and internal consistency for the measure.

Content validity was established in two ways. Expert judges agreed that stimulus statements were sufficiently representative and appropriate to the domain of adolescence. Secondly, sample responses for the scoring key were taken from actual responses students made when given a written form of the analogue.

Initial evidence for convergent and discriminant validity was established by demonstrating that self-awareness and empathy correlated significantly ($\underline{r} = .63$, $\underline{df} = 39$, $p = .001$) and that empathy had a low positive correlation with intelligence ($\underline{r} = .24$, $\underline{df} = 39$, $p = .07$).

Kapp-Simon's (Note 4) study supports the reliability and validity of the Active Listening Analogue as a measure of empathy. Form C of this analogue will be used in the present study.

Program Outcome Studies

Empathy Training Studies

A large number of studies exist which have examined the effects of empathy training on a variety of adult populations. (Carkhuff, 1969, 1971, 1972; Carkhuff & Beren-

son, 1977; Danish & Kagan, 1971; Truax & Carkhuff, 1967). However, few training programs have been designed for junior high school students, and there is limited evaluative research on empathy training programs for either pre-adolescents or adolescents. This section will review the research which is available in some detail.

Haynes and Avery (1979) developed and evaluated a communication skills training program for high school juniors. They combined didactic and experiential training to teach empathy defined along the lines of the discrimination and communication model. Trainees were compared to a no treatment control group by using Guernsey's Acceptance of Other Scale to rate a topic focused interview with a peer and written responses to social vignettes. For both measures the experimental group, relative to the control group, showed significant increases in empathic understanding.

Rustad and Rogers (1975) employed a practicum seminar format to teach high school students "active listening-empathic responding." They hypothesized that learning empathy skills would positively affect ego and moral stage development as measured by Loevinger's and Kohlberg's scales. Since previous studies measuring these variables had not reported developmental changes over a semester long period, they tested for significant gains from pre to post test for experimental subjects only.

They did not use a control group. They found significant positive improvement on Loevinger's ego scale from self-protective or conformist to self-conscious or conscientious. A positive trend was discovered on Kohlberg's moral judgement scale. The Porter Communication Procedure Inventory was used to measure counseling skills and students moved from a pretest mean of 1.2 to a posttest mean of 4.7. One year followup data showed these gains largely maintained. Unfortunately, they were unable to control for natural stage development since they did not maintain a control group.

Eaton (1977) taught a high school level communication skills course and compared his students to two control groups, an oral communication class and a no-treatment group. Positive significant differences were found for treatment subjects on the Facilitation Test for empathy and related measures for self-disclosure and confrontation skills.

A frequent context for teaching listening and responding skills has been training programs for peer helpers. Kloba and Zimpler (1976) used a microcounseling approach to teach the helping skill of open-ended comments to 52 high school sophomores. Trained subjects performed better than a control group. They also found that videotaped modeling by high status students had a greater impact

on skill development of trainees than modeling by low status students. While open-ended comments may be classified as a pre-empathy skill, their inclusion of tests to determine best training techniques and students most likely to benefit from training points to a necessary next step in adolescent empathy training research.

In another peer helper training program, Emmert (1978) taught empathy to sixth and eighth graders. At the conclusion of training, the experimental group obtained significantly higher empathy scores on the Index to Assess Interpersonal Communication when compared to controls. No significant improvement on the Piers-Harris Self Concept Scale was found.

Vogelsong, Most, and Yenchko (1979) taught pre-adolescent fifth graders 'empathic acceptance.' Using the Acceptance of Other Scale as the dependent measure, their skill training group improved significantly compared to no training controls. McCurdy, Ciucevich, and Walker (1977) constructed a human relations training program for seventh grade behavior problem students. They employed activity-interview group counseling techniques for their 12 male subjects and had no control group. After 10 sessions, they found improvement on the Coopersmith Self-Esteem Inventory, but no improvement on a 4 point global responding scale adapted from Gazda.

They continued training for five students for 3 more months and reported a significant improvement in unnamed 'facilitative responses' on a video taped role playing situation. Since they did not describe this measuring instrument or its specific subject matter, it is difficult to draw conclusions from this data.

Schevers (1979) studied the impact of an earlier version of the Social Skills Training Program, whose revised form will be utilized as the training methodology in the current study. Subjects in the Schevers study were 146 seventh and eighth graders randomly divided into treatment and non-treatment control groups. Comparing pre and posttest empathy gain scores, he found a small but significant improvement on empathy for trained subjects. The meaning of this finding was confused because of significant leader effects. Since the training was multi-skill focused, Schevers posited that amount of time specifically spent practicing empathy skills may have accounted for leader effects.

A summary of this section's review shows that only two studies focused specifically on the evaluation of empathy training via a communication/discrimination model at the early adolescent level. Most programs were designed for middle adolescents and were implemented at the high school level. Schevers' (1979) study was

the only one reviewed which specifically evaluated an empathy training program for the general junior high school population.

Self-Concept Enhancement Studies

Since multiple studies have related self-esteem to academic achievement (Brookover & Erickson, 1975; Combs & Soper, 1963; Coopersmith, 1959; Davidson & Lang; 1960; Fink, 1962; Walsh, 1956; Wattenberg & Clifford, 1964), most program evaluation studies of developmental guidance curriculums have studied training effects on self-concept. The relationship between empathy training and self-concept enhancement for young adolescents, however, is unclear. Nielson (1977) found no relationship between empathy and self-esteem for her latency aged and early adolescent subjects from an emotionally disturbed population. McCurdy, Ciucevich, and Walker (1977) cited above, found their training program with a behavior disordered population to have significant effects on self-esteem, but no or questionable effects on empathy. Empathy training studies reviewed above using normal populations reported gains in empathy but no increase in self-concept (Emmert, 1978; Schevers, 1979).

Similar confusion is present in the literature on self-concept enhancement following participation in developmental guidance programs such as Developing

Understanding of Self and Others (DUSO) (Dinkmeyer, 1970), The Human Development Program (HDP) (Bessel & Palomares, 1973), and Innerchange (Ball, 1977). Each of these programs has as one of its goals the increase of self-esteem of the student participants. Unfortunately for the concerns of this study, most of the published research on these guidance curriculums focuses on the younger elementary student. However, to illustrate the contradictory findings a brief summary of this literature will be presented. Evaluating HDP, Jackson (1973) found no differences in self-concept for fourth grade program participants when compared to a control group. Harris' (1976) study comparing HDP to a rational emotive education group and a no treatment group found no differences on Lipsett's Self-Concept Scale for her fifth and sixth grade subjects. Hess, Peer, and Porter (1978) found improvement in the global score for the Piers-Harris Self-Concept Scale for one of three experimental sixth grade groups. Edmondson (1979) found positive trends in self-esteem development for fourth graders involved in HDP and TA groups compared to controls. She used the Piers-Harris test and the California Test of Personality as dependent measures. Studies evaluating the effects on self-concept of DUSO show similar confusing results. Koval and Hales (1972) found positive

results for some California Test of Personality variables, but not for others. Eldridge, Barcikowski, and Witmer (1973) failed to find significant gains on three of four self-concept measures for their second grade children who had participated in 25 sessions of DUSO over a 5 week period.

Two studies are available on students at an early to middle adolescent age. McMillan (1980) developed a program specifically aimed at increasing the self-esteem of junior high school students pre-identified as possessing low self-image. The curriculum focused on personal and social awareness skills ranging from personal hygiene to problem solving skills. Using the Coopersmith Self-Esteem Inventory as the dependent measure, he found significant improvement for one experimental group, a positive trend for another, and no gain for a third when compared to same school control groups. With a similar age group, 63 15 year olds, Snell (1977) conducted a self-concept enhancement program entitled Adventures in Discovery. No increase was found for subjects on the Tennessee Self Concept Scale.

Cangelosi, Gressard, and Mines (1980) studied the effects of a rational thinking group on older, high school adolescents using the Piers-Harris Children's Self-Concept Scale. They found positive significant differences on

the three cluster scores of behavior, anxiety, and happiness and satisfaction for the 12 members of the rational training group compared to placebo treatment and no treatment controls.

The self-concept studies just reviewed show mixed but generally nonsignificant results for both the commonly used developmental guidance programs and the specific self-concept enhancement and empathy training programs. These results are surprising given the positive responses to many of these programs, their grounding of techniques in sound theoretical rationale for positively affecting self-concept, and a number of positive experimental findings for personal and social variables other than self-concept. Since it is expected that more sensitive understanding of others might lead to improved self-understanding and better social relationships, the mixed results in empathy literature is particularly confusing.

These findings raise several questions: (1) are current psychological education programs not addressing issues relevant enough to self-concept enhancement to effect measurable change? (2) are our instruments for measuring self-concept not sensitive enough to gradual change to register improvement? (3) are we looking for global changes when we should be looking for changes in

areas pre-identified as likely to be affected by the program? or (4) since early adolescence is likely to be a time of more volatile self-concept (Simmons, Rosenberg, & Rosenberg, 1973) is this an inappropriate age to try and measure change?

None of these questions have clear-cut answers. A review of the developmental guidance programs certainly leaves one with the impression that they are addressing issues relevant to self-concept. Self-concept instruments used in the various studies have ranged from global to more specific; and response demands have ranged from simple yes/no to more complex Likert scales, thus suggesting that they should be sensitive to gradual change. It is true, however, that the hypotheses for change have seldom focused on more circumspect variables such as specific scales of an instrument rather than on the total score. Thus it may be necessary to ascertain which particular aspects of self-concept may be more amenable to change through programatic interventions. It is the intent of this study then, to investigate specific aspects of self-concept which may be more directly affected by the skills training program. Three cluster scores of the Piers-Harris measure aspects of self-concept which are more likely to be affected by the Social

Skills Training Program: (1) anxiety, (2) popularity, and (3) happiness and satisfaction. It is hypothesized that students participating in a group would report decreased anxiety as a result of learning that other students frequently had similar feelings to their own. It is also hypothesized that students in a group will report more positive social relationships than students who had not participated due to their increased opportunity to relate on a more personal and empathic level with their peers. Finally, it is hypothesized that students participating in a group will report greater happiness and satisfaction than the control group because they will have experienced greater acceptance from their peers through the group process and they will have learned skills which will enable them to have greater mastery of their environment.

Personality Correlates of Empathy

Although the construct of empathy has been researched extensively, only limited data is available which relates empathy to specific personality variables. The majority of the information which is available is based on research with adults; and the studies vary greatly as to the measures and definitions of empathy and personality which were used (Dymond, 1950; Grief &

Hogan, 1973; Heck & Davis, 1973; Heckmat, Khajovi, & Mehryar, 1974, 1975; Jackson & Thompson, 1971; Kimberlin & Friesen, 1977; Mehrabian & Epstein, 1972). Although these studies vary in approach, characteristics which are descriptive of the empathic adult do emerge. Schevers (Note 3) summarizes the major findings of this literature by saying, "...the empathic person is likely to be extraverted, sociable, tolerant, emotionally expressive, and flexible...also energetic, emotionally stable, and self assured" (p. 19-20).

Although the young adolescents of the age included in this study have been shown to be able to learn and employ mature empathic responses (Emmert, 1978; Schevers 1979; Vogelsong, Most, & Yenchko, 1979), they are at a different developmental stage than adults and the personality characteristics of the empathic adult may not be the same for either a naturally empathic adolescent, or the adolescent who is readily able to learn the skill of empathy. Efforts to determine personality correlates of empathy in the child literature are even more scarce than in the adult literature. And like the adult studies, those which are available are confounded by the varying definitions and measures of empathy employed. For example, utilizing a definition of vicarious affective empathy similar to Feshbach and Roe's

(1968), Hoffman's (1977) review of the literature suggests that female children of all ages are more empathic than males. He recognizes, however, that male and female children are equally adept at recognizing how an individual feels, i.e., at cognitive empathy. Adams, Schvenefeldt, and Jensen (1979), also using a vicarious affective definition of empathy, in support of Hoffman's suggestion, found that in their group of 80 early adolescents the females were more empathic than the males. In addition Adams et al. found that for males, a self-report measure of social effectiveness was associated with susceptibility to emotional contagion. For females, the social effectiveness measure was associated positively with a reported empathic response to extreme emotions of others and with an appreciation for others' feelings. For both male and female subjects, cognitive and physical competency were negatively related with the empathy measure.

Emmert (1978) utilized a communication index of empathy with sixth and eighth graders and reported a significant correlation between posttest empathy (after training) and both Scale B, Intelligence ($r = .64$) and Scale Q4, Ergic Tension ($r = .41$) of the Jr.-Sr. High School Personality Questionnaire (HSPQ). She did not report sex differences. Schevers (Note 3) used a com-

munication/discrimination definition of empathy and correlated a pretest analogue measure of empathic ability with HSPQ factors. He did not find support in his data for the personality characteristics of the empathic adolescent which he had posited after his review of the adult empathy literature. Rather he found that the more strongly the adolescent can identify him or herself with a stereotypic characteristic typical of his or her specific subgroup, the more likely that child is to behave empathically. Thus he reported a positive correlation (.28) between empathy and HSPQ Scale E, dominance for boys and a negative correlation (-.30) on the same scale for girls. Similarly a positive correlation (.41) on Scale J, individualism, was reported for Whites, while for the Spanish, positive correlations of .27 were reported on both Scale A, warmheartedness, and on the second stratum factor of extraversion. For Orientals, a positive correlation (.43) was found between empathy and Scale H, shyness.

Kloba and Zimpfer (1976) used Scale E, the dominance scale of the HSPQ, to characterize a group of adolescents as dependent or independent prior to training in a peer counseling program. They found that after training, the independent subjects were able to employ the pre-empathy skill of open-ended responding more

effectively than dependent trainees. They did not discuss sex differences.

Though few in number, the studies which examine personality correlates of empathy as a communication/discrimination process in adolescents have produced confusing results. In the discussion of the complexity of his data, Schevers proposed that the intervening variable was some process of identification or self-knowledge that enabled the adolescent to become a subgroup member. Kapp-Simon (Note 4) in her validity study of Schevers' empathy measure lent support to this hypothesis by discovering a significant positive relationship between self-awareness and empathy. It is this conceptualization of the relationship between self-awareness and empathy which resulted in the revised methodology for empathy training employed in this study. Simon's (Note 8) study of the personality correlates for self-awareness revealed moderate correlations between self-awareness and sensitivity to feelings, excitability, and enthusiasm. Level of self-awareness, therefore, may provide some clues for the further investigation of empathy correlates.

Confusion in the literature exploring personality correlates of empathy may be explained by the natural lack of stability in the personality of the young

adolescent. A moderate degree of turmoil is expected. If the development of empathy is related to a passage into a new cognitive state, from a Piagetian perspective, one would expect some disequilibrium. As the young adolescent struggles with identity issues he/she looks for security in a supportive peer group. Empathy may be necessary to achieve this. At the same time Schevers' findings on subgroup identification may be explained in similar terms. Children able to sense and adapt to the expectations of a certain peer group may have the natural social characteristics demanded of that group combined with the empathic ability to know the expectations of the subculture.

The possibility that empathy may initially have some relationship to social acceptance within a peer subgroup makes it difficult to propose general hypotheses for empathy correlates. However, it might be expected that personality factors related to social activation would correlate with empathy. On the HSPQ, primary factors described as, warmhearted, Factor A; enthusiastic, Factor F; socially bold or adventurous, Factor H; tough minded or not overly protected, Factor I; and zestful, liking group action, Factor J; as well as second stratum factors, cortical alertness (enterprising, decisive, and resilient personality), and extraversion fit that de-

inition. In view of the proposed relationship between self-awareness and empathy it is also likely that individuals high in self-awareness and empathy would be more likely to manifest these characteristics. On the other hand, extremes of these characteristics are not likely to be tolerated in a closed peer group and individuals who received extreme scores on the personality measure may be expected to have lower empathic ability. On the HSPQ factors they might be expected to fall out on either extreme of these bipolar factors: affected by feelings or high ego strength, Factor C; self-assured or apprehensive, Factor O; relaxed or tense, Factor Q4; and the second stratum factor of anxiety. On one extreme of the continuum these characteristics might be considered indicators of possible neurotic tendencies. On the other extreme, they may be evidence of strong pre-adolescent denial of the natural turbulence of adolescence and a defense against self-awareness.

Summary of Hypotheses

This review has summarized the major findings of the literature as they related to empathy in the child and adult, self-concept enhancement through psychological education programs, and personality variables which were correlated with empathic ability. In the course of the

review, several hypotheses were raised which this study proposed to investigate. These included:

(1) Early adolescents who participated in a skills training program which emphasized self-awareness and various communication skills, including empathy, would exhibit higher levels of empathic behavior than subjects who were not in the program.

(2) Early adolescents who participated in a skills training program would demonstrate no differences in global self-concept from subjects not in the program, but would show higher self-concept in the specific areas of anxiety, popularity, and happiness and satisfaction as measured by the Piers-Harris Self-Concept Test.

(3) For subjects in treatment who were high in self-awareness, empathy would correlate positively with the personality factors of warmheartedness, adventurousness, self-reliance, zestfulness, cortical alertness, extraversion, and helpfulness.

(4) Individuals low in empathy after treatment would receive extreme scores at either end of the bipolar factors of ego strength, self-assurance, tension, and anxiety.

CHAPTER IV

METHOD

Subjects

The subjects were 137 seventh and eighth grade students from four urban parochial schools. There were 81 girls and 56 boys. The distribution among the schools was as follows: School 1, 14 girls and 12 boys; School 2, 23 girls and 20 boys; School 3, 25 girls and 10 boys; and School 4, 18 girls and 15 boys. The students ranged in age from 12.0 to 15.0 years. Only two students were 15 years old, however. School 1 is located in a predominantly lower to middle socioeconomic neighborhood. School 3 is located in a primarily middle to upper middle socioeconomic neighborhood. Schools 2 and 4 are located within three blocks of each other. However, School 2 draws primarily from a lower and lower middle socioeconomic population and School 4 draws primarily from a middle to upper middle socioeconomic population. Schools 2, 3, and 4 were contacted specifically to participate in this research project. Neither the schools nor the students had ever participated in a program similar to the Social Skills Program (Kapp & Simon, Note 2) prior to this time. School 1, however, was

familiar with the program and students from that school had participated in the research project conducted by Schevers (1979) during the 1976-77 school year. None of the students included in this study had ever participated in the Social Skills Program or related research before this time. Students participating in the research did so on a voluntary basis with parental permission. Participants were 26 of 29 students from School 1; 43 of 51 students from School 2; 35 of 69 students from School 3; and 33 of 52 students from School 4. Six students who had originally agreed to participate in the study did not complete all of the measures and were excluded. Four of the six were from School 2; the remaining two were from School 4.

In order to work with a larger and more representative sample this study was conducted in collaboration with another investigation into other aspects of the Social Skills Training Program (see Simon, Note 8).

Measures

Active Listening Analogue. Schevers (Note 3) devised an instrument for measuring active listening (empathy) through a taped analogue situation. Each student was asked to listen to the tape recorded statements of four adolescents of the same sex as the subject who talked

about a variety of mild problem issues. The students were then instructed to respond to this imaginary friend in an understanding way (see Appendix B for exact instructions). Although Schevers (1979) utilized three forms of the Active Listening Analogue (ALA), Kapp-Simon (Note 4) demonstrated that Form C was the most reliable. Thus this study used only Form C (see Appendix C for exact wording of the situations). The students' responses were tape recorded and then evaluated using the Active Listening Rating Scale (ALR), (see Appendix A). The ALR is a 4 level 16 point scale which measures empathy as a discrimination/communication process. It used the empathy scales of Truax (1967) and Carkhuff (1969) as a model but established content validity by utilizing actual responses of students to establish the scoring hierarchy. Interjudge reliability coefficients were reported by Schevers (1979) as .85 and by Kapp-Simon (Note 4) as .97, $df = 43$. Interitem correlations of Form C ranged from .51 to .58 and item-total correlations ranged from .61 to .65, $df = 12$ for all correlations, thus providing evidence for internal consistency of the measure (Kapp-Simon, Note 4). Initial evidence for convergent and discriminant validity was established by Kapp-Simon (Note 4) by demonstrating that self-awareness and empathy correlated at .63, $df = 39$, $p < .001$, and

that the empathy measure correlated with intelligence positively but nonsignificantly ($r(39) = .24, p = .07$).

Sociograms. In order to obtain an independent measure of "helpfulness," three sociograms were developed to measure different aspects of the social relationships among the participants in this study. The first (Sociogram A) asked students to rate their classmates as companions in a play group. The second (Sociogram B) had students rate each of their classmates on physical attractiveness. The third (Sociogram C) asked students to rate their classmates as confidants with whom they would discuss serious personal problems.

Each of the sociograms was structured in a manner similar to the "'Rate' Sociometric Scale" described by Reese (1961). For each sociogram the students were provided with a list of all the names of the students from their class participating in the study. The subjects were then instructed to rate each of their classmates on a 1 to 5 scale with 1 being a very good choice, 2 a good choice, 3 indifferent, 4 don't know well enough to say, and 5 none of the above. (See Appendix D for actual wording of each sociogram.)

The Piers-Harris Children's Self-Concept Scale (The Way I Feel About Myself). The Piers-Harris Scale is an 80 item self-report scale which was designed for

students in grades 3 through 12. The student is asked to respond "yes" or "no" to a series of questions such as "I am a happy person" and "I get nervous when the teacher calls on me." The scale yields a global score for self-concept and six cluster scores which were derived from factor analysis. Piers (1969) reports split-half reliability coefficients of .90 and .87 and a test-retest reliability coefficient of .77. Content validity was established during the original item selection and construct validity has been established for many of the cluster scores. Concurrent validity was established on the basis of a significant positive correlation (.68) with another children's self-concept scale, significant positive correlations with teacher and peer ratings of "socially effective behavior" (.43 and .31) and "super-ego strength" (.40 and .42) and significant negative correlations (-.48 and -.64) with children's problem inventories.

Otis-Lennon Mental Ability Test - Form J (MAT).

The MAT (Otis & Lennon, 1969) is a timed (40 minute) group administered intelligence test intended to measure verbal, numerical, and abstract reasoning abilities. Form J, the intermediate level test, consists of 80 items and is recommended for use with students in grades 7-9. National norms, based on the testing of 200,000

pupils in 117 school systems from all 50 states are available. The authors state that a stratified random-cluster sampling which took into account socioeconomic status was used to obtain a representative sample of students in grades K-12 during the 1966-67 school year. Several measures of internal consistency yielded coefficients of .90 and above; after a 1 year retest, stability measures yielded coefficients of .80 to .94.

The MAT IQ scores are derived from a single raw score and the subject's age which is calculated in 3 month intervals. Percentile ranks and stanines are also available for the deviation IQs.

Self-Awareness Interview. A structured Self-Awareness Interview (SAI) developed by Simon (Note 9) was used to assess students' affective self-knowledge. The SAI consists of two scales of seven questions each, e.g., "How do you know or what tells you that you're happy?" (Scale 1) and "What happens to you when you win a game?" (Scale 2). (See Appendix E for the complete list of questions). Students' responses were scored on a 6 point scale (0-5) developed for this purpose and inter-rater reliability was reported as .92 and .96 respectively for the two scales. Using teacher ranking of students' self-awareness as a criterion, Simon (Note 9) established that Scale 1 of the SAI discriminated well between stu-

dents having high and low self-awareness ($r(30) = .47$, $p < .003$).

Jr.-Sr. High School Personality Questionnaire - Form A (HSPQ). The HSPQ (Cattell & Cattell, 1975) is a 142 item personality inventory designed for use with adolescents in grades 7 through 12. It measures 14 primary level source traits and 4 second stratum factors. Each of these personality traits or factors is measured on a bipolar continuum, e.g., submissive to dominant. Scores are reported using Standard Ten Scores (Stens). Primary traits are labelled in alphabetical order with the assumption that traits with prior letters contribute more to the total variance of the overall personality. The HSPQ measures the following traits: (A) emotional expressiveness, (B) general mental capacity, (C) emotional sensitivity, (D) excitability, (E) dominance, (F) surgency, (G) superego strength, (H) adventuresomeness, (I) self-reliance, (J) reflective individualism, (O) apprehensiveness, (Q2) self-sufficiency, (Q3) self-control, and (Q4) tension level.

The four second stratum factors are formed through various weighted combinations of the 14 traits. These factors are: (1) extraversion, (2) anxiety, (3) cortical alertness, and (4) independence.

Cattell developed the HSPQ and its adult (16PF) and child (CPQ) counterparts through a factor analytic method. He proposes that each of the 14 primary traits has "functional unity" and measures an independent aspect of personality. Each trait combines with the other 13 to predict "surface" behaviors and present a unified personality profile.

The following paragraphs summarize the reliability and validity data for the HSPQ. Reliability is reported in terms of "dependability" and "stability" coefficients. The first measures test-retest reliability over nearly immediate time intervals and is a measure of test consistency. Dependability coefficients for Form A range from a high of .90 on Factor I (self-reliance) to a low of .74 for Factor G (superego strength). The stability coefficient measures the stability of the personality trait itself rather than test reliability. It is computed under the assumption that some personality traits fluctuate substantially over time. Stability coefficients for Form A, after a 6 month time period, range from .53 to .69 for the 14 source traits.

Test authors report construct validity in terms of "direct validity coefficients." These are defined as the "correlation of the scale with the factor it is supposed to represent" (Cattell & Cattell, 1975, p. 12).

Best validities are claimed for traits O (apprehensiveness), .77; Q4 (tension level), .74; H (adventurousness), .72; C (emotional sensitivity), .71; and I (self-reliance), .70. The weakest validity coefficients were for scales Q3 (self-control), .57 and J (reflective individualism), .58.

In this study, Form A of the HSPQ was used. The subjects respond to printed questions on 3 point continuums such as (1) yes, (2) sometimes, (3) no; or (1) like, (2) not sure, (3) dislike. They are urged to specify numbers 1 or 3 whenever possible. The entire test takes approximately 1 hour to administer.

Procedure

Selection. In September of the school year, one of the psychologists who directed the Social Skills Training Program presented the program and research protocol to all the students who were being invited to participate in the program. At that time the students were given a permission form to be filled out by a parent or guardian if the student wished to participate. During the presentation it was made clear to the students that all volunteers would not be included in a group. Each of the 143 students who elected to participate was then individually interviewed by one of the group leaders

assigned to his/her school. Based on the interviews students were divided into two groups: (1) students characterized as withdrawn, shy, or noncommunicative and (2) students characterized as talkative, outgoing or more at ease in social situations. These students were then randomly assigned to a group so that each group was balanced as to verbal and nonverbal participants. A total of 23 groups were formed. Each group contained between five and seven members of the same sex, grade, and school. Twelve groups were randomly selected from these 23 as treatment groups. Sixty-eight of 143 subjects were selected into treatment groups. Table 1 summarizes the treatment and non-treatment population by sex, grade, and school.

Treatment. The 12 treatment groups met for 45 to 55 minute sessions for 26 weeks over the course of the normal school year and participated in the social skills program of Kapp and Simon (Note 2). Non-treatment subjects participated in no special small group experience of any kind.

The training methodology of the Social Skills Program is multifaceted. Techniques include demonstration, directed and open discussion, art, and role playing. Empathy and other communication skills are systematically taught. Leaders provide cognitive input about the skills,

Table 1
Summary of Treatment and Non-Treatment
Subjects by Sex, Grade, and School

	7th Grade Girls <u>N</u>	8th Grade Girls <u>N</u>	7th Grade Boys <u>N</u>	8th Grade Boys <u>N</u>
<hr/> A. Treatment Group: 68 Subjects (40 Girls, 28 Boys)				
School 1	6	0	6	0
School 2	5	6	6	5
School 3	0	12	0	5
School 4	5	6	0	6
<hr/>				
Total Treatment Subjects	16	24	12	16
<hr/>				
B. Non-Treatment: 75 Subjects (42 Girls, 33 Boys)				
School 1	8	0	6	0
School 2	5	8	5	7
School 3	0	13	0	5
School 4	3	5	7	3
<hr/>				
Total Control Subjects	16	26	18	15
<hr/>				

Note. N for total sample = 143

model their use, and provide the students with guided opportunities to practice the skills. In addition they direct discussions flowing from group exercises and the experiences which group members bring to the sessions.

Early program units focus on understanding and communicating feelings and other aspects of self-awareness. Empathy is then taught in a series of steps which guide students from brief structured practice conversations to free flowing discussions, and from simple verbal summaries of what others say to empathic responding to the feelings and experiences of other group members.

Listening and empathy training is followed by a series of units focused on common adolescent concerns. Progress in empathic responding is continued as members discuss relationships within the group, with other peers, and with adults. Practical application is emphasized. The following is an outline of Social Skill Program training units.

I: Getting Started (The Me I Already Know).

Through a sharing of non-threatening self-descriptions, students are oriented to the group process. Activities focus on establishing a comfortable atmosphere and on introducing students to descriptive social vocabulary.

II: The World of Feelings. Students are taught to distinguish between thoughts, behaviors, and feelings

within various social situations. They build an expanded vocabulary of feelings words and learn to identify verbal and nonverbal expressions of feeling.

III. Knowing Me. The focus of this unit is the development of self-awareness. Areas explored are sensory awareness, past experiences, and family and peer relationships.

IV. Talking About Me. Students are taught to use the skills of "concreteness" and "direct communication" through group sharing. Discussion builds off of self-awareness developed in Unit III.

V. Expressing Understanding. Through a series of structured interactions, students are taught the skill of empathy. The skill is presented in three stages: (1) repetition of what is heard, (2) identification with the feelings expressed by the other, and (3) the skill of empathy.

VI. Getting Along with Friends. This unit focuses on the building of healthy mutual friendships. students identify qualities they bring to a friendship and qualities they look for in others. Skills taught include: taking and responding to initiative in relationships, dealing with "immediacy" issues, and constructive handling of anger. Role playing, discussion, and intra-group relationships are used as resources.

VII. Getting Along with Adults. Application of social skills to relationships with adults (parents and others in authority) is explored. Students are encouraged to identify patterns in their relationships to significant adults. Particular attention is paid to the handling of anger.

VIII. Bringing Things to an End. Personal experiences of loss through death, divorce, or separation are discussed by students. The group closes with an opportunity for each member to summarize the impact of his/her group experience and to say an adequate goodbye.

Leaders. Five of the six group leaders were psychology students, three at the graduate level and two at the senior undergraduate level. The other leader was a trained paraprofessional and had been a teacher of communication arts at the high school level. Several of the leaders had group leadership experience in an adult human relations model, but only one had led a similar group for young adolescents. The program directors provided 9 hours of training prior to the program and regular supervision throughout its duration.

Five leaders were female. One leader was male. At School 1, the female leader led a girls' group and the male leader a boys' group. All other leaders taught

both boys' and girls' groups.

Data Collection. Individual interviews were conducted with each student by one of the four examiners in order to administer the ALA, the SAI, and the sociograms. In examining Schevers' instructions for the ALA it was felt that he unnecessarily biased the student to provide an advice-giving or Level 2 response by suggesting that the student "be as helpful as you can" (p. 62). Therefore, the instructions for the analogue were modified as follows:

On this tape are the voices of four young people your age. I would like you to imagine that you are having a conversation with each of these people. What would be the first thing you would say to a friend who brought this concern to you? Keep in mind that you want to be a good listener and let your friend know you understand his/her concern.

I know that when you and a friend discuss concerns you take a lot of time to listen and certainly say more than one thing. What I am interested in is what is the first thing that you would say to your friend.

The first one is for practice.

To avoid a halo effect, the sociograms were not administered back to back but were interspersed among the other tests. At the time of the administration of the second and third sociograms, it was suggested to the students that his/her responses might be different from the previous one(s).

The group measures were administered in two sit-

tings to avoid fatigue effects. The MAT and Piers-Harris were administered first and the HSPQ second. The individual measures were administered in the following order: Sociogram A, Self-Awareness Interview, Sociogram B, Active Listening Analogue, and Sociogram C. All data collection was completed within a 3 week period after the 26th session of the Social Skills Program.

CHAPTER V

RESULTS

Empathy

Table 2 presents the results of a three-way analysis of variance of empathy by sex, treatment, and school which was used to evaluate the effects of social skills training on the acquisition of empathy. Main effects for both treatment, $F(1, 121) = 79.33, p < .001$, and school, $F(3, 121) = 8.82, p < .001$ were found.

The mean empathy score for students participating in a social skills group was 31.82; the mean empathy score for the control group was 20.23. Thus treatment subjects earned significantly higher scores on empathy than control subjects.

Table 3 presents a breakdown of mean empathy scores by school for all subjects and for treatment and control subjects. The main effect by school was accounted for primarily by the high empathy scores obtained by students receiving training in Schools 3 and 4.

A significant two-way interaction of treatment by school was also found, $F(3, 121) = 4.49, p < .01$ (Table 2). As Table 3 reveals, differences between treatment and control means varied considerably between schools

Table 2

Analysis of Variance: Empathy by Sex,
Treatment, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	0.32	0.01
Treatment	1	4425.49	79.33**
School	3	491.87	8.82**
2-Way Interactions			
Sex x Treatment	1	46.50	.83
Sex x School	3	94.94	1.70
Treatment x School	3	250.69	4.49*
3-Way Interaction			
Sex x School x Treatment	3	43.86	.79
Error	121	55.78	

*
p < .01

**
p < .001

Table 3

Means and Standard Deviations of Empathy Scores by School

School	All Subjects			Treatment			Controls		
	<u>N</u>	<u>\bar{X}</u>	<u>SD</u>	<u>N</u>	<u>\bar{X}</u>	<u>SD</u>	<u>N</u>	<u>\bar{X}</u>	<u>SD</u>
1	26	24.96	9.37	12	30.83	9.96	14	19.93	5.66
2	43	21.21	7.01	20	24.20	8.42	23	18.61	4.18
3	35	29.46	11.49	17	38.59	8.85	18	20.83	5.31
4	33	28.61	10.66	17	34.71	10.95	16	22.13	5.19

with School 2 showing a relatively small treatment effect and School 3 a relatively large treatment effect.

Since Schevers (1979) had found that leader effects were the most salient variable accounting for differences in empathy level of treatment groups, it was decided that an analysis of variance by leader would be performed. Table 4 presents the results of a one-way analysis of variance by leader. These results showed that the groups differed significantly, $F(6, 130) = 20.45$, $p < .001$. Further analysis using the Newman-Keuls procedure (Table 5) reveals that students trained by Leaders 2, 5, and 6 differed significantly from the group mean of the No Leader or non-treatment subjects. (Leaders 2, 5, and 6 trained 7 of the 12 groups.) The mean empathy scores of all treatment groups were higher than the scores of the nontreatment subjects; however, the differences were not significant for students trained by Leaders 1, 3, and 4. Table 5 also reveals that there were significant differences in empathy levels between students in treatment according to leader. Students working with Leader 5 did significantly better than students working with Leaders 1, 3, or 4; students working with Leader 6 did significantly better than students working with Leaders 3 and 4; and students working with Leader 2 did significantly better than students working with

Table 4

Analysis of Variance: Empathy by Leader

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Between Groups	6	1135.76	20.45*
Within Groups	130	55.53	

*
p < .001

Table 5

Leader Group Means and Newman-Keuls Procedure

A. Means and Standard Deviations of Empathy Scores for Subjects According to Group Leaders

Group	<u>N</u>	<u>M</u>	<u>SD</u>
Leader 1	6	28.33	9.99
Leader 2	6	33.33	9.31
Leader 3	8	26.13	9.48
Leader 4	12	22.92	7.80
Leader 5	17	38.59	8.85
Leader 6	17	34.71	10.97
No Leader 0	71	20.23	5.08

B. Newman-Keuls Procedure for Testing the Significance of Mean Differences for Subjects According to Group Leaders. Homogeneous Subsets: (Subsets of Groups, Whose Highest and Lowest Means Do Not Differ by More Than the Shortest Significance Range for a Subset of That Size)

Subset 1

Leader	0	4	3	1
Mean	20.23	22.92	26.13	28.33

Subset 2

Leader	3	1	2
Mean	26.13	28.33	33.33

Subset 3

Leader	1	2	6
Mean	28.33	33.33	34.71

Subset 4

Leader	2	6	5
Mean	33.33	34.71	38.59

Leader 4.

Self-Concept

A three-way analysis of variance of self-concept by treatment, sex, and school was performed to determine if social skills training positively affected self-concept. Table 6 presents the results. The only significant main effect was for school, $F(3, 121) = 6.33$, $p < .001$. In an effort to interpret this difference, a one-way analysis of variance of self-concept by school was performed. As expected a significant between school difference was found, $F(3, 133) = 5.81$, $p < .001$. (Table 7). Newman-Keuls post hoc analysis (Table 8) shows that students in Schools 2 and 3 had significantly higher global self-concept scores than students in Schools 1 and 4.

A significant two-way interaction between sex and school, $F(3, 121) = 4.03$, $p < .01$, is revealed in Table 6. Table 9 presents the self-concept scores for all students divided according to sex and school. This table reveals that in Schools 1 and 2 males obtained higher self-concept scores than females while in Schools 3 and 4 females received higher scores than males.

In an effort to determine factors related to lowered self-concept for females in School 1, scores were broken down by race (Table 10). Eight of the 14 girls

Table 6

Analysis of Variance: Self-Concept by
Sex, Treatment, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	192.44	1.76
Treatment	1	8.30	.08
School	3	693.34	6.33**
2-Way Interactions			
Sex x Treatment	1	85.58	.78
Sex x School	3	440.72	4.03*
Treatment x School	3	94.22	.86
3-Way Interactions			
Sex x Treatment x School	3	63.32	.58
Error	121	109.46	

Note. All self-concept data in this study is also reported in Simon (Note 8).

*
p < .01

**
p < .001

Table 7

Analysis of Variance: Self-Concept by School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Between Groups	3	669.73	5.81*
Within Groups	133	115.32	

*
 $p < .001$

Table 8
Self-Concept School Means and
Newman-Keuls Procedure

A. Means and Standard Deviations of Self-Concept Scores for Subjects According to School.

School	<u>N</u>	<u>M</u>	<u>SD</u>
1	26	53.15	12.31
2	43	62.35	8.47
3	35	60.43	10.42
4	33	54.58	12.31

B. Newman-Keuls Procedure for Testing the Significance of Mean Differences for Subjects According to Group Leaders. Homogeneous Subsets: (Subsets of Groups, Whose Highest and Lowest Means Do Not Differ by More Than the Shortest Significance Range for a Subset of That Size).

Subset 1

School	1	4
Mean	53.15	54.58

Subset 2

School	3	2
Mean	60.43	62.35

Table 9
Means and Standard Deviations for Global
Self-Concept Scores by Sex and School

	Male		Female	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
School 1	59.58	12.53	47.64	9.35
School 2	65.45	7.80	59.65	8.24
School 3	57.56	13.83	61.42	9.09
School 4	52.20	12.91	56.56	11.78

Table 10
Self-Concept Scores of Females
in School 1 by Race

	<u>N</u>	<u>M</u>	<u>SD</u>
Latino	8	45.62	9.77
Black	2	59.50	4.95
Oriental	2	49.00	7.07
White	2	42.50	4.95
Total	14	47.64	9.35

at this school were Latinos. The mean self-concept score for the Latino girls was 45.63; for the two Oriental girls, 49.00; for the two White girls, 42.50; and for the two Black girls, 59.50. These scores suggest that the lowered self-concept mean for females in School 1 is due to the non-Black population.

To determine if race was a significant factor in self-concept for all students a one-way analysis of variance by race was performed. Table 11 reveals that a significant race difference existed, $F(3, 133) = 7.47$, $p < .001$. Post hoc analysis utilizing the Newman-Keuls procedure (Table 12) identified a significant difference in global self-concept scores between the Black students and the White and Latino students. The mean for Black students was 61.63; for White students, 52.50; and for Latino students, 53.00. Although only .5 of a point higher than the Latino mean, the mean for the six Oriental students in the study population, 53.50, did not differ significantly from the mean for the Black population. This lack of significance is probably due to the small n in this group.

Since Schools 2 and 3 had a high Black population, the above results raise the question of whether the school differences were really race differences. Table 13 presents a breakdown of self-concept scores by race,

Table 11

Analysis of Variance: Self Concept by Race

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Between Groups	3	833.66	7.47*
Within Groups	133	111.62	

*
 $p < .0001$

Table 12

Self-Concept Race Means and Newman-Keuls Procedure

A. Means and Standard Deviations of Self-Concept Scores for Subjects According to Race.

Race	<u>N</u>	<u>M</u>	<u>SD</u>
Latino 1	27	53.00	12.24
Black 2	84	61.63	9.17
Oriental 3	6	53.50	15.32
White 4	20	52.50	12.13

B. Newman-Keuls Procedure for Testing the Significance of Mean Differences for Subjects According to Group Leaders. Homogeneous Subsets: (Subsets of Groups, Whose Highest and Lowest Means Do Not Differ by More Than the Shortest Significance Range for a Subset of That Size)

Subset 1

Race	4	1	3
Mean	52.50	53.00	53.50

Subset 2

Race	3	2
Mean	53.50	61.63

Table 13
Means and Standard Deviations for Global Self-Concept Scores
by Race and School

	School 1			School 2			School 3			School 4		
	<u>N</u>	<u>M</u>	<u>SD</u>	<u>N</u>	<u>M</u>	<u>SD</u>	<u>N</u>	<u>M</u>	<u>SD</u>	<u>N</u>	<u>M</u>	<u>SD</u>
Latino	15	52.20	11.16	3	55.33	9.24	--	-----	-----	9	53.56	15.13
Black	4	65.25	7.63	35	62.40	7.95	34	60.62	10.52	11	61.00	9.01
Oriental	3	42.67	12.06	1	75.00	-----	--	-----	-----	2	59.00	2.83
White	4	52.50	14.66	4	64.00	9.83	1	54.00	-----	11	48.18	10.61
Total	26	53.15	12.31	43	62.35	8.47	35	60.43	10.42	33	54.58	12.31

and school. The low n for a number of cells prohibits formal statistical analyses, however, visual examination shows that Black students regardless of school scored above the mean (58.24 for all students) while Latino students regardless of school scored below the mean. With the exception of the four students in School 2, White students also scored below the mean. The six Oriental students show wide variance with the three at School 1 scoring far below the mean and the three in the remaining schools scoring above it.

The question which still remains is whether there was a significant sex by race interaction. Table 14 presents the results of a two-way analysis of variance of global self-concept by sex and race. There is a significant main effect by sex, $F(1, 129) = 4.06$, $p < .05$, and race, $F(3, 129) = 8.56$, $p < .001$, but no sex by race interaction. The significant race main effect was explained above; the significant sex main effect is due to a slightly higher self-concept score for male subjects.

It was anticipated that while skills training might not have an effect on global self-concept, changes would be seen in cluster scores. Specifically it was anticipated that students participating in training would report less anxiety (Cluster 4), more comfort in social situations (Cluster 5), and more general hap-

Table 14

Analysis of Variance: Self-Concept by Race and Sex

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effect			
Race	3	942.06	8.56**
Sex	1	447.01	4.06*
2-Way Interactions			
Race x Sex	3	66.32	.60
Error	129	110.08	

*
 $p < .05$ **
 $p < .001$

piness and satisfaction (Cluster 6). No differences were anticipated in Cluster scores 1, behavior; 2, intellectual and school status; and 3, physical appearance and attributes. To examine these hypotheses each of the cluster scores was subjected to a three-way analysis of variance of cluster score by treatment, sex, and school. Tables 15-20 reveal that no main effects for treatment were found. Closer examination of the means presented in Table 21 demonstrates that subjects participating in training did report slightly higher scores on cluster scores of anxiety, popularity, and happiness and satisfaction; however, these differences were not significant.

What did emerge from the analysis of variance of the cluster scores was a significant main effect of school for five of the six scores: behavior, $F(3, 121) = 4.10, p < .01$; intellectual and school status (ISS), $F(3, 120) = 4.85, p < .01$; physical appearance and attributes (PAA), $F(3, 120) = 7.21, p < .001$; anxiety, $F(3, 120) = 3.82, p < .01$; and happiness and satisfaction (HS), $F(3, 120) = 3.83, p < .01$. The means for each of the cluster scores according to school are presented in Table 22. These results parallel those found for global self-concept with students in Schools 1 and 4 receiving the lowest scores in all categories and students in Schools 2 and 3 receiving the highest.

Table 15
 Analysis of Variance: Behavior by Sex,
 Treatment, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	8.59	1.09
Treatment	1	2.08	.26
School	3	32.44	4.10**
2-Way Interactions			
Sex x Treatment	1	8.02	1.01
Sex x School	3	23.13	2.93*
Treatment x School	3	1.41	.18
3-Way Interactions			
Sex x School x Treatment	3	6.82	.86
Error	121	7.91	

*
 $p < .05$

**
 $p < .01$

Table 16

Analysis of Variance: Intellectual and School
Status by Sex, Treatment, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	16.24	1.77
Treatment	1	2.58	.28
School	3	44.54	4.85*
2-Way Interactions			
Sex x Treatment	1	5.19	.57
Sex x School	3	5.40	.59
Treatment x School	3	15.62	1.70
3-Way Interaction			
Sex x Treatment x School	3	18.84	2.05
Error	120	9.19	

*
 $p < .01$

Table 17

Analysis of Variance: Physical Appearance
and Attributes by Sex, Treatment, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	2.21	.37
Treatment	1	5.48	.91
School	3	43.46	7.21**
2-Way Interactions			
Sex x Treatment	1	24.17	4.01*
Sex x School	3	17.10	2.84*
Treatment x School	3	5.87	.97
3-Way Interactions			
Treatment x Sex x School	3	1.71	.28
Error	120	6.03	

*
p < .05

**
p < .001

Table 18
 Analysis of Variance: Anxiety by
 Sex, Treatment, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	11.30	1.61
Treatment	1	0.89	.13
School	3	26.89	3.82*
2-Way Interactions			
Sex x Treatment	1	1.06	.15
Sex x School	3	13.26	1.89
Treatment x School	3	7.28	1.04
3-Way Interactions			
Sex x Treatment x School	3	4.49	.64
Error	120	7.03	

*
 $\underline{p} < .05$

Table 19

Analysis of Variance: Popularity by Treatment,
Sex, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	1.07	.16
Treatment	1	3.07	.45
School	3	9.74	1.42
2-Way Interactions			
Sex x Treatment	1	.15	.02
Sex x School	3	18.01	2.62
Treatment x School	3	7.32	1.06
3-Way Interactions			
Sex x Treatment x School	3	4.71	.69
Error	120	6.88	

Table 20

Analysis of Variance: Happiness and Satisfaction
by Sex, Treatment, and School

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Main Effects			
Sex	1	1.38	.40
Treatment	1	1.30	.37
School	3	13.35	3.83*
2-Way Interactions			
Sex x Treatment	1	6.89	1.97
Sex x School	3	7.30	2.09
Treatment x School	3	3.13	.90
3-Way Interactions			
Sex x Treatment x School	3	5.85	1.68
Error	120	3.49	

* $p < .05$

Table 21
Means and Standard Deviations of Cluster
Scores of Piers-Harris Self-Concept Test
By Treatment Group

	Experimental		Control	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Behavior	14.52	2.92	14.71	2.96
ISS ^a	13.01	3.40	13.36	3.06
PAA ^b	7.87	2.72	8.27	2.61
Anxiety	7.81	2.73	7.61	2.76
Popularity	8.51	2.52	8.20	2.78
HS ^c	7.16	1.86	6.89	2.05

^aIntellectual and School Status

^bPhysical Appearance and Attributes

^cHappiness and Satisfaction

Table 22
Means and Standard Deviations for Cluster
Scores by School

	School 1		School 2		School 3		School 4	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Behavior	13.54	3.71	15.47	2.33	15.14	2.78	13.79	2.71
ISS ^a	11.62	3.53	14.33	2.32	13.71	3.27	12.36	3.39
PAA ^b	6.39	3.15	8.86	1.77	8.89	2.27	7.49	2.94
Anxiety	6.40	2.89	8.16	2.35	8.46	2.49	7.33	3.02
Popularity	7.89	2.49	8.77	2.28	8.77	2.37	7.76	3.35
HS ^c	6.46	2.23	7.58	1.43	7.34	1.83	6.42	2.21

^aIntellectual and School Status

^bPhysical Appearance and Attributes

^cHappiness and Satisfaction

Two cluster scores also showed a significant interaction of sex and school: behavior, $F(3, 121) = 2.92$, $p < .05$ (Table 15) and PAA, $F(3, 120) = 2.84$, $p < .05$ (Table 17). Table 23 presents the means for behavior and PAA scales according to sex and school. An examination of these scores reveals that as with the global self-concept scores, in some schools girls obtained higher scores while in others the boys obtained higher scores thus accounting for the interactions.

The cluster score PAA also presented a significant interaction of sex by treatment, $F(3, 120) = 4.01$, $p < .05$ (Table 17). Table 24 presents the means of the PAA score by sex and treatment. Males in treatment scored higher on PAA than males in the control group. Females in treatment, on the other hand, scored slightly lower than the females in the control group, thus accounting for the sex by treatment interaction.

Personality Data

Tables 25 and 26 represent a listing of variables with significant or near significant correlations with empathy for the entire population and for those students participating in skills training. The mean empathy scores for each group, correlation coefficients, and levels of significance are listed. The HSPQ personality variables

Table 23
Means and Standard Deviations for Behavior
and Physical Appearance and Attributes
Scores By Sex and School

Behavior				
	Male		Female	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
School 1	15.17	2.44	12.14	4.11
School 2	15.95	2.21	15.04	2.42
School 3	14.22	3.11	15.46	2.64
School 4	13.47	2.75	14.06	2.73
Physical Appearance and Attributes				
	Male		Female	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
School 1	7.75	3.22	5.21	2.67
School 2	8.75	1.48	8.96	2.01
School 3	9.11	2.62	8.81	2.19
School 4	6.87	3.02	8.00	2.85

Table 24

Means and Standard Deviations for Physical
Appearance and Attributes by Sex and Treatment

	Male		Female	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Treatment	8.84	0.95	7.96	1.63
Control	7.72	1.38	8.27	1.51

Table 25
Correlations of Personality Variables
with Empathy for Total Sample

Personality Variable	<u>r</u>	<u>p</u>
Tenderminded emotionality - Cortical alertness	.15	.05
Introversion - Extraversion	.14	.05
IQ	.13	.10
Concrete - Abstract Thinking	.13	.10
Shy - Adventurous	.11	.10
Socially group dependent - self sufficient	-.11	.10

Note. For all correlations, df = 135.

Empathy Mean = 25.81

Table 26
Correlations of Personality Variables
with Empathy for Treatment Group

Personality Variable	<u>r</u>	<u>p</u>
Tenderminded Emotionality - Cortical Alertness	.29	.01
Self-reliant - Clinging	-.26	.05
Introversion - Extroversion	.23	.05
Socially group dependent - Self-Sufficient	-.22	.05
Helpfulness (Sociogram)	.18	.10
Sober - Enthusiastic	.16	.10
Affected by feelings - Emotionally stable	.16	.10

Note. For all correlations, df = 64.

Empathy Mean = 31.82

are bipolar; negative coefficients indicate correlations between empathy scores and the first pole listed while positive coefficients indicate correlations with the second pole. For all subjects empathy was positively related to alertness and extraversion. The additional correlations suggest that trends exist which would indicate that empathy is associated with intelligence, abstract thinking, adventuresomeness, and social group dependence. Examination of the data on all subjects lends positive support to some of the proposed hypotheses. Higher empathy scores were associated with an extraverted, alert adolescent.

Of particular interest in this study, however, were the scores of the adolescents who had participated in the skills training. Correlations for the students who were in a training group are listed in Table 26. Further support for the hypotheses is provided by the fact that significant correlations were in line with expectations. Empathy was positively associated with alertness or a more energetic personality, extraversion, self-reliance and group dependence. Trends which were observed suggest that empathy is related to enthusiasm and emotional stability. In addition a trend exists which suggests that peers turn to more empathic classmates when they wish to discuss a more serious concern.

To investigate the personality profile of those students who were particularly successful in learning empathy, correlations were generated for those students who obtained a score of at least 30 on the ALA. This would mean that their average score was at the middle of Level 3 of the ALR. Table 27 presents the results of that analysis. These results are remarkably similar to those for the total group. Significant positive relationships are present for cortical alertness, extraversion, and self-reliance. And trends exist which suggest a relationship between empathy and excitability, adventure-someness, tension, and weaker superego. With the exception of the latter two these were in the direction of expectation.

One assumption of this study is that higher self-awareness is associated with a more integrated personal identity. If, as Schevers (Note 3) stated, "the better one knows oneself or can identify one's own personality characteristics, the better one can deal empathically with others" (p. 55), is true, then the high self-aware adolescent may present a more stable picture of empathy in adolescence. Therefore it seems warranted to examine the relationship of empathy to personality variables in those students who were high in self-awareness.

Table 27
Correlations of Personality Variables
with High Empathy Treatment Group

Personality Variable	<u>r</u>	<u>p</u>
Tenderminded Emotionality - Cortical Alertness	.30	.05
Intraversion - Extraversion	.29	.05
Self-Reliant - Clinging	-.27	.05
Undemonstrative - Excitable	.27	.055
Shy - Adventurous	.26	.10
Relaxed - Tense	.24	.10
Weaker Superego - Stronger Superego	-.22	.10

Note. Empathy scores for these subjects of the ALA were 30 or greater. For all Correlations, df = 35.

Empathy Mean = 40.14

Students who scored in the upper third of the self-awareness scale (above 5.14) were identified as possessing high self-awareness. Table 28 presents the correlations for those subjects. Six of the correlations were significant in the direction of expectation. For students high in self-awareness, moderately strong correlations were found between empathy and cortical alertness, self-reliance, zestfulness (likes group action), extraversion, and intelligence. Trends were noted for weaker superego strength, socially group dependent, and enthusiasm.

Correlations of empathy were generated separately for students who after training were low in empathy and low in self-awareness to see how these characteristics compared with the high empathy/high self-awareness groups. Students scoring in the lower third of each population were identified as low empathy (below 18 on ALR) and low self-awareness (below 4.44 on SAI). Tables 29 and 30 present the correlations for these groups.

Two significant correlations exist for the low empathy group: empathy was associated with sobriety and independence. The former is in the opposite direction of expectation and the latter was unexpected. Two of the trends which were found, self-assured and assertive, were unexpected, while individualistic was in the opposite

Table 28

Correlations of Personality Variables
with Empathy for High Self-Awareness Treatment Group

Personality Variable	<u>r</u>	<u>p</u>
Tenderminded Emotionality - Cortical Alertness	.55	.001
Self-Reliant - Clinging	-.51	.001
Zestful - Circumspect Individualism	-.43	.01
Introversion - Extraversion	.40	.01
Shy - Adventurous	.35	.02
IQ	.29	.05
Weaker Superego - Stronger Superego	-.24	.10
Socially group dependent - Self-Sufficient	-.24	.10
Sober - Enthusiastic	.23	.10

Note. For all correlations, df = 31.
SAI scores for these subjects was 5.14 or greater.

Mean for Empathy = 32.91

Mean for Self-Awareness = 5.86

Table 29
Correlations of Personality Variables
with Low Empathy Treatment Group

Personality Variable	<u>r</u>	<u>p</u>
Sober - Enthusiastic	-.61	.01
Dependence - Independence	.49	.05
Self-Assured - Apprehensive	-.42	.10
Zestful - Circumspect Individualism	.42	.10
Docile - Assertive	.40	.10

Note. Empathy scores for these subjects on the ALA were 18 or less. For all correlations, df = 11.

Empathy Mean = 17.92

Table 30
Correlations of Personality Variables
with Empathy for Low Self-Awareness Treatment Group

Personality Variable	<u>r</u>	<u>p</u>
Sober - Enthusiastic	.58	.02
Helpfulness (Sociogram)	-.56	.03
Likability (General Sociogram)	-.52	.05
Popularity (Friendship Sociogram)	-.49	.055
Attractiveness (Sociogram)	-.48	.056
Reserved - Warmhearted	-.45	.10

Note. SAI scores for these subjects were 4.44 or less.
For all correlations, df = 10.

Mean for Self-Awareness = 4.15

Mean for Empathy = 30.58

direction of expectation.

For the low self-awareness group empathy was significantly associated with enthusiasm as expected, however, it was also negatively associated with all of the sociogram measures utilized in the study. That is, for the students low in self-awareness, empathy was associated with being unhelpful, unpopular, and unattractive or according to the overall likability measure, generally not liked. In addition a trend existed which suggested that these students were more reserved. This finding was again in the opposite direction of expectation.

To summarize the data so far, two hypotheses about empathy were confirmed for the entire sample: empathy was associated with cortical alertness and extraversion. The trends for the entire group were also in line with expectation. As subgroups were identified the correlations became stronger and more hypotheses were confirmed as long as we were looking at high self-awareness/empathy groups. However, when we examined low self-awareness/empathy groups the findings began to move opposite of expectation.

It was suggested previously that individuals low in empathy may fall on the extremes of the scales used to measure personality variables. To investigate

this possibility the scores for the relevant variables were analyzed through binomials. No patterns of significance were found.

CHAPTER VI

DISCUSSION

Empathy

The most important finding of this study was that the revised Social Skills Training program (SST) (Kapp & Simon, Note 2), with its emphasis on self-awareness as a mediating variable for teaching empathy, was very effective in raising the level of empathic behavior in early adolescents. Although, as in Schevers' (1979) research, a leader effect was present; unlike Schevers, the present study showed all treatment group means to be higher than the control group mean. Also unlike Schevers' finding, the current study showed differences between groups which were both statistically significant and meaningful in a practical sense. That is, the average response of the control group, 20.23, was a Level 2 response on the ALR and ranged between a stage 6, advice giving response and a stage 7, focus on third person response, while the average response of the treatment group, 31.82, was a Level 3 response, which ranged between a stage 10, talking about someone else who has had a similar experience including descriptions of feeling and content and a stage 11, sharing a personal ex-

perience which is similar. Thus students who participated in a training group moved from a total avoidance of feelings to a more sympathetic sharing of similar feelings and experiences.

Although all treatment groups obtained higher empathy scores than the no leader control group, the fact that there were significant differences between leaders suggests that leader variables continue to be important factors to consider when implementing the SST. Extensive data on leaders is not available at this time, however, the three leaders whose groups received the highest empathy scores were the most experienced leaders. Each had had extensive previous contact with adolescents and Leader 6 had had previous experience as a leader in the SST program. This suggests that experience in itself may be an important factor affecting program outcome. The leader manual for the SST emphasized the necessity of skilled trainers. Ideally research evaluating program effectiveness should employ experienced leaders to fully calculate its impact. When possible, it would seem advisable to pair beginning leaders with experienced ones in order to maximize the group experience for the students and to provide in vivo training for the novice leaders.

Although formal data on the characteristics of

naturally good leaders is not yet available, experience with the SST program suggests that the best leaders are those who demonstrate a solid base in the skills being taught. They are themselves self-aware, empathic, and able to communicate directly with peers as well as with the students. In addition, a good social skills leader must be comfortable with the adolescent, able to establish rapport, and sensitive to the issues and concerns of students at this age. Previous successful experiences working with early adolescents is a good predictor of success as a social skills leader.

In the present study the control group was not provided with any type of attention or alternative group experience. Thus it is possible that the treatment effects are due at least partially to a Hawthorne effect i.e., the treatment group did better simply because they were participating in a special program and received more individualized attention. One fact which argues against this theory is that the primary outcome measure, empathy, involves the acquisition of an objective skill. There is no reason to expect that participation in a group activity in and of itself would result in the acquisition of this skill. In addition, the fact that a large number of students in Schevers' (1979) research did not improve in empathy even after a program of

similar composition argues against possible contamination through Hawthorne effects. The major difference between the SST program used in Schevers' study and the version utilized in the present study is the introduction of the units on self-awareness. Given the similarity in experimental conditions between the two studies, the added emphasis on self-awareness as a mediating variable for teaching empathy seems to account for the positive training effects found in the present study. To completely rule out a Hawthorne effect, however, a future study should use a placebo training group as a control group.

Self-Concept

No significant differences were found on the global self-concept scores between treatment and control groups. This finding was in line with expectation. What was not expected, however, was the significant difference in reported self-concept by racial groups. The results show that Black students regardless of socioeconomic status and regardless of whether they were a majority or minority in a particular school scored higher on the self-concept scale than the other three racial groups.

The fact that the Black students in this study obtained higher self-concept scores than the other groups contradicts early indirect studies on Black self-concept

(e.g., Clark & Clark, 1939, 1940; Morland, 1958, 1962; Radke & Trager, 1950; Stevenson & Stewart, 1958) which, using a variety of mediums, found that both Black and White subjects more frequently identified with White stimuli. The conclusion of these authors was that the lack of Black identification with Blacks was an indication of low self-esteem. This conclusion has been criticized on methodological grounds (Brand, Ruiz, & Padilla, 1974) and on grounds that White preference rates have been used as the norm for adequate self-concept while in fact Black preference rates more accurately approximate chance and may be a better criterion or at least as valid a one (Banks, 1974).

More recently self-report measures of self-esteem have been used to examine differences in self-evaluation among different racial groups. A number of authors have found results similar to those obtained in the present study (Powell & Fuller, 1973; Rosenberg & Simmons, 1972; Simmons, Brown, Bush, & Blyth, 1978). Utilizing large-scale urban samples these authors found that Black children generally scored higher rather than lower than White children on measures of self-esteem.

One theory developed from the findings of these authors is that Black children have positively biased response tendencies. However, Simmons et al. (1978)

controlled for social desirability and still found that the Black students reported higher self-esteem than the White children. Others have hypothesized that the recent reports of higher Black self-esteem are a result of growing Black awareness through the Civil Rights movement. One study which lends some support to a theory of positive Black identity being related to higher self-concept was reported by Stephen and Rosenfield (1979). They found a positive significant correlation between ethnocentric attitudes and self-concept for their Black subjects but not for the White and Mexican-American subjects in their population. Each of the above studies requires replication in order to further validate these hypotheses. The present study was not designed to look at differences in self-concept among children of different ethnic backgrounds, therefore, the major impact of this study is that it replicates many of the current findings on Black self-concept.

The hypotheses that SST might affect specific preidentified cluster scores on the self-concept measure was not upheld. No main effects for treatment were found for any cluster scores. Examination of the scores for both treatment and control groups revealed that scores for both groups fell in the average range of the self-concept scale. On the anxiety cluster score only 21

subjects, or 14% of the sample, received scores on the lower third of the measure. Even smaller percentages of the other two cluster scores for which hypotheses were formed received such low scores: on the popularity cluster score, 13 subjects or 10.2% fell in the lower third; on the happiness and satisfaction cluster score, 8 subjects or 5.8% fell in the lower third. The finding that the majority of students in or out of treatment received scores in the average or higher range suggests that it may be unrealistic to expect that treatment would have increased those scores significantly. The interpretation which seems most viable is that the cluster scores of the Piers-Harris are simply not subtle enough to measure gains in self-perception and interpersonal skills obtained by treatment subjects.

Personality

Of primary interest in the study were (1) the personality correlates of those treatment subjects who scored high on the empathy measure and (2) the effect of level of self-awareness on the personality and interpersonal (as measured by the sociograms) correlates of empathy for subjects in the treatment condition.

The correlations between empathy and the personality factors of the HSPQ found for the high empathy

subjects fit the theory of social activation proposed earlier. Significant correlations were found between empathy and cortical alertness, extraversion, self-reliance, and excitability. It has been further hypothesized that the characteristics of social activation would be most manifest in subjects high in self-awareness. This hypothesis was also upheld. Strong correlations were found between empathy and cortical alertness, self-reliance, zestfulness, extraversion, and adventuresomeness for subjects high in self-awareness.

The finding of particular note which was not anticipated during hypothesis formulation is the relationship between empathy and personality correlates which was found for the low self-awareness subjects. These subjects demonstrated a mean level of empathic ability which was equivalent to the empathic ability of the high self-awareness group (both were at level 3); however, rather than correlating with the personality factors related to social activation, for this group empathy correlated with a more sober personality. Furthermore, for subjects who were less self-aware, empathy correlated negatively with each of the sociogram measures. That is, empathic ability in itself was not sufficient to increase the likelihood that a student would be viewed as a confidant, a desirable playmate, or an attractive

person by his peers. And in fact, it appears that for a non-self-aware individual, efforts at empathy may decrease his or her standing in a peer group. This may be due to the fact that, not being sensitive to his own feeling states, he is not able to sense when an empathic response is indicated in his relationships with others and hence may appear to others as intrusive.

The latter finding raises a question as to the mediating variables which contribute to a student's inability to develop self-awareness after an intensive group experience geared to developing that skill. Secondly, this finding raises a question about the mediating value of self-awareness itself as a factor affecting effective use of empathic abilities.

It may be hypothesized that for some adolescents self-reflection is too frightening a prospect. Feeling anxious, they may attempt to ward off the potential turmoil of adolescence by means of a strong denial of the changes taking place within themselves and among their peers. This denial may be manifested because primary depressive characteristics in these adolescents make them incapable of tolerating self-reflection. These adolescents may insulate themselves from feeling awareness by isolation or withdrawal from social contact. For other adolescents denial may be a type of reaction formation

in which they work against experiencing feelings for fear they will make them weak or vulnerable. Such adolescents frequently brag that they are not afraid of anything. Additionally, if early in adolescence self-reflection were to lead to experiences of anxiety or depression, then personal denial of developmental issues may include avoidance of these same issues in peers so as to avoid external threats to self-consistency or heightened fears of being different. Whatever the precipitant, however, it does appear that at least for the adolescents in this study, self-awareness was an important predisposing factor in enabling students to use empathic skills effectively. The low self-awareness students who performed generally well on the empathy measure highlight this interaction. These results suggest that while in a well designed program students may learn the rudiments of empathic skills adequately, without a satisfactory level of self-awareness, they may not be able to express their empathic understanding of others in a manner that 'takes effect' in a relationship. The mechanisms of empathic responses may be present, but the spontaneity, depth, and warmth generated by the recognition of commonality of the experience of another with one's own may be lacking. It must be cautioned, however, that in this sample only 12 trainees fell into the low self-awareness group.

Therefore, these findings must be viewed as preliminary and must be duplicated before firm hypotheses can be formulated.

To clarify and extend the results of this study, an investigation into the personality correlates for empathy could profitably be replicated with both similar and different aged populations. Examination of the gradual acquisition of empathy in earlier years would provide an understanding of the developmental stages which lead up to the ability to use mature empathic responses. It would then be possible to investigate whether the personality correlates of early signs of empathic characteristics show consistency throughout development. In view of the turbulence often associated with early adolescents, it would also be useful to see if the same relationship between self-awareness, empathy, and personality variables holds true in an adult population.

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APPENDIX A

APPENDIX A

ACTIVE LISTENING SCALE

Level 1 Misses both feeling and content.

1. Sentence fragments, silence.
2. Changing topic, going off on a tangent.
3. Put downs.
4. Contradictions (e.g., "You shouldn't feel/ think that way," "That's not the way it happened.").

Level 2 Focus on content, avoids other person's feelings.

5. Generalization (e.g., "That happens to everybody.").
6. Advice giving.
7. Focus on third person other than helper or helpee (e.g., "Parents are always like that.").
8. Focused question asking to clarify or get more information.

Level 3 More accuracy on content and more focus on feelings, but emphasis on helper's feelings (e.g., sympathy).

9. Supportive phrases without real self-disclosure (e.g., "I understand how you feel." or "That's happened to me.").
10. Talking about someone else who has gone through similar experience with description of feelings and content.
11. Sharing own experience that is similar.
12. Sharing own feelings from a similar experience.

Level 4 Focus on other person's feelings and content.

13. Responds to other person's experience, summary without feelings.
14. Responds to and labels other person's feelings accurately.
15. Responds to both feeling and experience of other person, summary with feelings.
16. Response was additive and showed evidence of advanced empathy skills.

APPENDIX B

APPENDIX B

INSTRUCTIONS FOR ACTIVE LISTENING ANALOGUE

On this tape are the voices of four young people your age. I would like you to imagine that you are having a conversation with each one of these people. What would be the first thing you would say to a friend who brought this concern to you? Keep in mind that you want to be a good listener and let your friend know you understand his/her concern.

I know that when you and a friend discuss concerns you take a lot of time to listen and certainly say more than one thing. What I am interested in is what is the first thing that you would say to your friend.

This first one is for practice.

APPENDIX C

APPENDIX C

ACTIVE LISTENING ANALOGUE

Item 1. I used to talk a lot in school and so I was always getting yelled at by the teacher. But now I'm a lot better, I really am. Now my problem is that when anybody around me starts to talk or mess around -- I get blamed too.

Item 2. All last week I was planning to go over to my friend's neighborhood on Saturday. See, my friend lives near this really nice swimming pool and I was really excited about going there. All week long my mother acted like it was okay with her if I went. But at the last minute on Saturday morning, she said I couldn't go because I had a cold. I wanted to go anyway, but she said no.

Item 3. In art class someone took a paintbrush full of paint and spread it all over my picture, so I had to start over from the beginning. Then another kid started calling me names and writing my name on the blackboard. I don't usually show how I feel, but this time I felt like hitting both of them.

APPENDIX D

APPENDIX D

SOCIOGRAMS

A.

You and your friends are forming a group who will spend time together after school hours.

1. I would very much want this person in the group.
2. I would want this person in the group.
3. It would not make any difference to me if this person were in the group or not.
4. I do not know this person well enough to decide.
5. None of the above.

Place the number of your response next to each name on the list. Move through the list as quickly as you can. Skip your own name.

B.

Someone from your school is going to represent your school at the competition for King or Queen of Chicagofest. Personal attractiveness is a most important quality to consider.

1. Would be a very good choice.
2. Would be a good choice.
3. Would be OK.
4. Don't know well enough to say.
5. None of the above.

Place the number of your response next to each name on the list. Move through the list as quickly as you can. Skip your own name.

C.

If you had a serious problem you wanted to talk over with a classmate, who would you choose?

1. Would definitely choose.
2. Would most likely choose.
3. Would think about choosing.
4. Don't know well enough to say.
5. None of the above.

Place the number of your response next to each name on the list. Move through the list as quickly as you can. Skip your own name.

APPENDIX E

APPENDIX E

SELF-AWARENESS INTERVIEW

1. How do you know when you're:
 - a. happy
 - b. angry
 - c. nervous
 - d. excited

(what tells you that you're happy?)

 - e. sad
 - f. scared
 - g. relieved

2. What happens to you when:
 - a. you win a game
 - b. you get picked on by other kids
 - c. your friends are planning to go to a movie but don't ask you
 - d. you are preparing for a special event
 - e. you are with a (boy or girl depending on sex of student)
 - f. a friend of yours moves
 - g. your parents argue

APPROVAL SHEET

The dissertation submitted by Kathleen A. Kapp-Simon has been read and approved by the following committee:

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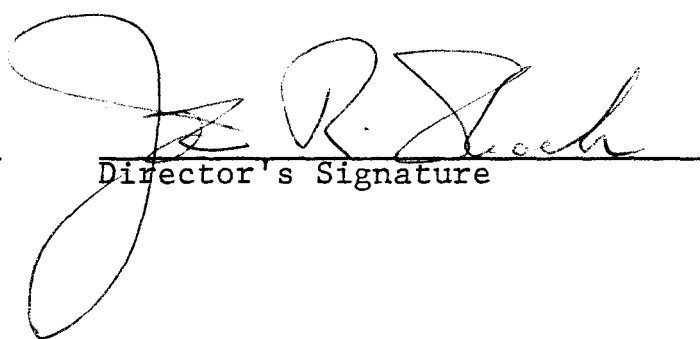
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of doctor of philosophy.

2/12/81

Date



Director's Signature